



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
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February 1, 2010

Tom Whittimore
Communicare, Inc #2 (Boone)
40 West Franklin Road, Suite F
Meridian, Idaho 83642

RE: Communicare, Inc. #2 (Boone), Provider #13G009

Dear Mr. Whittimore:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Communicare, Inc #2 Boone, on January 21, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

TomWhittemore, Administrator
February 1, 2010
Page 2 of 2

within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 16, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script that reads "Eric Mundell".

ERIC MUNDELL REHS
Health Facility Surveyor
Fire Life Safety & Construction Program

EM/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/25/2010
FORM APPROVED
OMB NO. 0938-0391

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|---|---|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G009 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____ | (X3) DATE SURVEY COMPLETED 01/21/2010 |
| NAME OF PROVIDER OR SUPPLIER COMMUNICARE INC., #2 (BOONE) | | STREET ADDRESS, CITY, STATE, ZIP CODE 1210 W BOONE ST NAMPA, ID 83651 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| K 000 | <p>INITIAL COMMENTS</p> <p>The facility is a one story, Type V(000) structure. Residents sleep on the first story (i.e., ground level). The facility is fully sprinklered and is licensed for 8 beds. The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted under 42 CFR 483.470.</p> <p>The following deficiencies were cited for survey date January 21, 2010.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p> | K 000 | <p>RECEIVED</p> <p>FEB 16 2010</p> <p>FACILITY STANDARDS</p> <p>K0151</p> <p>We have spoken with Crane Alarm who is now completing our annual alarm inspections and repairs regarding the availability of obtaining an "operating manual" for the alarm system. They will help us locate and obtain the required manual. Once obtained, the manual will be kept in the vicinity of the control panel so as to be available at all times.</p> <p>The AQ will check for the manual each month when the monthly Preventative Maintenance Check List to assure it remains available. If the manual is missing it will be reported on the Check List and the Administrator will obtain a new one.</p> | 3/31/2010 |
| K0051 | <p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> | K0051 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Administrator **2-11-2010**

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| K0051 | <p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Refer to K152** 7-5.1* Permanent Records. After successful completion of acceptance tests approved by the authority having jurisdiction, a set of reproducible as-built installation drawings, operation and maintenance manuals, and a written sequence of operation shall be provided to the building owner or the owner's designated representative. The owner shall be responsible for maintaining these records for the life of the system for examination by any authority having jurisdiction. Paper or electronic media shall be permitted.</p> <p>9.6.1.3* The provisions of Section 9.6 cover the basic functions of a complete fire alarm system, including fire detection, alarm, and communications. These systems are primarily intended to provide the indication and warning of abnormal conditions, the summoning of appropriate aid, and the control of occupancy facilities to enhance protection of life.</p> <p>A.9.6.1.3 Some of the provisions of Section 9.6 originated with NFPA 72, National Fire Alarm Code ®. For purposes of this Code, some provisions of Section 9.6 are more stringent than those of NFPA 72, which should be consulted for additional details.</p> <p>9.6.2.9 Where a partial smoke detection system is required by another section of this Code, automatic detection of smoke in accordance with NFPA 72, National Fire Alarm Code, shall be</p> | K0051 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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| K0051 | Continued From page 2 provided in all common areas and work spaces, such as corridors, lobbies, storage rooms, equipment rooms, and other tenantless spaces in those environments suitable for proper smoke detector operation. Selective smoke detection unique to other sections of this Code shall be provided as required by those sections. | K0051 | | | |
| K0152 | 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities; (iii) File a report and evaluation on each drill; (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. | K0152 | K0152 On February 2, 2010 the QMRP's who rotate with the Administrator on call for after hours calls were in- served about the requirement to implement a "Fire Watch" when an alarm system must be silenced or disabled until the alarm system can be activated. We have also developed instructions for staff in case the alarms go off and cannot be reset. A sample copy of which is included. The instructions will be posted on or next to the alarm control box and checked on by the AQ in the same manor that the manual is each month. | 3/31/2010 | |

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| K0152 | <p>Continued From page 3</p> <p>This Standard is not met as evidenced by: Based on observation and staff interview, it was determined that the facility had failed to ensure that the fire alarm control panel was reset after testing with the potential to affect seven (7) of seven (7) residents. The findings include:</p> <p>Observation on January 20, 2010 at 10:45 a.m. disclosed that the fire control panel had not been reset after a fire drill, according to staff who stated at the time of the observation, that a drill had been held. The fire control panel was found to have a blinking "trouble" yellow light. There were no fire alarm control panel procedures posted or noted to be available to staff to provide information about questions staff may have that would give the proper procedure for resetting the unit or concerning system procedures for operation. The panel was subsequently corrected on-site during the survey.</p> <p>** Refer to K051 pertaining to a written sequence of operation shall be provided to the building owner or the owner's designated representative.</p> <p>The requirement for all personnel on all shifts to be familiar with use of facility emergency procedures is under 42 CFR 483.470 (i).</p> | K0152 | | | |

Bureau of Facility Standards

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| M 000 | <p>16.03.11 Initial Comments</p> <p>The facility is a one story, Type V(000) structure. Residents sleep on the first story (i.e., ground level). The facility is fully sprinklered and is licensed for 8 beds. The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability and IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF-MR).</p> <p>The following deficiencies were cited for survey date of January 21, 2010.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p> | M 000 | <p>RECEIVED</p> <p>FEB 16 2010</p> <p>FACILITY STANDARDS</p> | |
| MM309 | <p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to CMS federal form 2567 and K tags K051 and K152.</p> | MM309 | | <p>MM309</p> <p>Please refer to KO51 and KO52.</p> |

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